

## **SUPPLEMENTAL APPLICATION DATA SHEET**

### **Application Information**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:

Number of Copies of CRF::

Title:: PRODUCTION OF POXVIRUSES WITH  
ADHERENT OR NON ADHERENT AVIAN CELL  
LINES

Attorney Docket Number:: 1017753-000214

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 12

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Fabienne

Middle Name::

Family Name:: GUEHENNEUX

Name Suffix::

City of Residence:: Orvault Le Temple de Bretagne

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: ~~115, avenue de la Ferrière~~  
4, rue de la Close de Ruaud

City of Mailing Address:: Orvault Le Temple de Bretagne

State or Province of Mailing

Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing Address:: ~~44700~~ 44360

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Bertrand

Middle Name::

Family Name:: PAIN

Name Suffix::

City of Residence:: ~~Lyon~~ Clermond-Ferrand

State or Province of Residence::

Country of Residence:: France

Street of Mailing Address:: ~~4 bis, place Bir-Hakeim~~  
44, rue des Gravouses

City of Mailing Address:: ~~Lyon~~ Clermond-Ferrand

State or Province of Mailing Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing Address:: ~~F-69003~~ 63100

## **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

<b>Application::</b>	<b>Continuity Type::</b>	<b>Parent Application::</b>	<b>Parent Filing Date::</b>
This Application	National Stage of	PCT/IB2004/002621	July 22, 2004

## **Foreign Priority Information**

<b>Country::</b>	<b>Application Number::</b>	<b>Filing Date::</b>	<b>Priority Claimed::</b>
EP	03291813.8	July 22, 2003	Yes
FR	0314389	Dec 9, 2003	Yes

## **Assignee Information**

Assignee Name:: VIVALIS

Street of Mailing Address:: Lieudit la Corbière

City of Mailing Address:: Roussay

State or Province of Mailing  
Address::

Country of Mailing Address:: France

Postal or Zip Code of Mailing  
Address:: F-49450